

REPORTS INVENTORY						DDI/OC-02.3							
PREPARE IN DUPLICATE													
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT							
Inventory of Motor Vehicles (TVA)						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STATISTICAL</td> </tr> <tr> <td>NARRATIVE</td> </tr> <tr> <td>MACHINE-NAME LISTING</td> </tr> </table>		STATISTICAL	NARRATIVE	MACHINE-NAME LISTING			
STATISTICAL													
NARRATIVE													
MACHINE-NAME LISTING													
3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PERSONNEL</td> <td><input type="checkbox"/> TRAINING</td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGISTICS</td> <td><input type="checkbox"/> SECURITY</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL</td> <td><input type="checkbox"/> FINANCE</td> </tr> </table>		<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	<input checked="" type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE	ADMIN. GENERAL		OTHER (specify)	
<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING												
<input checked="" type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY												
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE												
				COMMUNICATIONS									
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)									
6		Annually		3 copies									
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT									
MEMO		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>		<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		Required by Log Officer					
<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.												
<input checked="" type="checkbox"/> NO													
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)									
OC-A/C&SB													
12. COST FACTORS													
A. MANUAL PREPARATION AND REVIEW COSTS													
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR				
GS-4	2.81		48		48.06		1		439.84				
GS-10	6.44		40		257.60								
GS-13	8.33		16		133.28								
					439.84								
B. COSTS OF COMPUTER PRODUCED REPORTS													
104 TOTAL COSTS PER YEAR													
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.													
Required by Office of Logistics and Audit Staff													